Ohio Campaign Finance Report

05 OCT 26 PM 1: 32

Prescribed by Secretary of State 3/05

Full Name of Committee						Registrat	ion Numb		s of ELD	
Committee To Ele	ect Iudge Mayna	rd					<u>.</u>	V/***		
Full Name of Candidate										
William Dwayne	Maynard									
Street Address				Office Sought				District		
7903 Wiltshire Cou	rt			Munic	ipal Jud					
City					S	tate	Zip Code	;		
Dublin					0	Н	430	16		
Type of Report	Pre-Primary	Post-Primary	X	Pre-General		Post-Ger	neral		Annual Year	
place X to the left of report	July	August		September					Semiannual	
type)	Monthly	Monthly		Monthly		Termina	tion			
Amended Report?	I *	onically filed? Yes No	Date of	Election	1	м 1	0	8	0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

Amount brought forward from last report	3,538.00
2. Total monetary contributions (From Form No. 31-A)	\$ 27,022.00
3. Total other income (From Form No. 31-A-2)	1,271.19
4. Total funds available (sum of lines 1, 2, 3)	\$ 31,831.19
5. Total monetary expenditures (From Form No. 31-B)	\$ 10,616.09
6. Balance on hand (line 4 minus line 5)	\$ 21,215.10
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	0.00
Outstanding loans owed by committee (From Form No. 31-C)	\$ 1,250.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 68.48
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

COMM	IITS ELECTI		CATION IS G	REPORT IS MADE SUILTY OF A FEL ITOT				ALSIFICATION	V. WHOEVE	r <u>/0</u>	/26/	05
rint Na	me and Title (Treasurer and I	Deputy Treasu	rer only)	Sign	nature	<i></i>				Date	
C	ontribution		1	Expenditure		l <i>(/</i>	Other		Į	Total		
	pages	9		pages	5		pages	22	1	pages	36	
L]			j			L			

Page	1

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard							
To Whom Paid			М	D	Y	Amount	
MLK Breakfast Committee			0 1	1 0	0 5		250.00
Address	Purpose						
867 Mt. Vernon Avenue	Breakfas		Ta. 133				
City		Zip Code 43203	Check N	umber 1008			
Columbus	\cap H	43203	М	1006 D	Y	Amount	
To Whom Paid City of Dublin				2 8		Allount	100.00
Address	Purpose		1012	1210	0 5		100.00
5620 Post Road	Parade E	Entry Fee					
City	State	Zip Code	Check N				
Dublin	$O \mid H$	43017		1009			
To Whom Paid			M	D	Y	Amount	220.20
Nu Breed Endeavors			0 3	0 9	0 5		330.20
Address	Purpose						
487 Georgesville Rd		ns/Envelopes	Check N	umbar			
Columbus	State H	Zip Code 43228	Check iv	1010			
Columbus To Whom Paid	() 11	40220	M	D D	Y	Amount	
Nu Breed Endeavors			0 3				52.50
Address	Purpose		0 0		<u> </u>		
487 Georgesville Rd	Reprint	Invitations/Envelop	es				
City	State	Zip Code	Check N				
Columbus	$O \mid H$	43228	ᆚ	1011			
To Whom Paid			M	D	Y	Amount	10.50
Mark Hatcher	T-5		0 3	2 8	0 5	ļ	18.53
Address	Purpose	roomant of Cany Evr	oncoc				
2147 Marfa Rd City	State	rsement of Copy Exp Zip Code	Check N	lumber			
Columbus	H	43229	CIRCUIT	1012			
To Whom Paid			M	D	Y	Amount	
Adventures In Advertising			0 3	2 8	0 5	l	291.75
Address	Purpose				<u> </u>		
7683 Wild Mint Court	Campaig	gn Literature					
City	State	Zip Code	Check N				
Westerville	$O \mid H$	43082	 	1013			
To Whom Paid			M	D 0 6	0 5	Amount	175.00
Aladdin Shrine	Purpose		0 4	1016	013	<u> </u>	1/3.00
3850 Stelzer Road	Banner						
City	State	Zip Code	Check N	lumber			
Columbus	\cap	43219		1015			
To Whom Paid			M	D	Ý	Amount	
Address	Purpose				<u> </u>	<u> </u>	
		I	- Lon				
City	State	Zip Code	Check N	lumber			
<u></u>		<u> </u>					

Page Total \$ __1_217_98_

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Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard					
To Whom Paid			M D Y	Amount	
Mark Hatcher			0 6 1 6 0 5		110.97
Address	Purpose				
2147 Marfa Road		gn Magnets			
City	1	Zip Code	Check Number		
Columbus	$O \mid H$	43229	1016		
To Whom Paid			M D Y	Amount	400.00
Red White & Boom	In .		0 6 1 6 0 5	<u> </u>	400.00
Address	Purpose Parade F	Pormit			
929 Harrison Ave Suite 202	State	Zip Code	Check Number		
Columbus	H	Zip Code	1017		
To Whom Paid	1 1 1 1 1 1		M D Y	Amount	<u> </u>
W. A. B. A.			0 6 1 6 0 5		50.00
Address	Purpose				
5100 W. Broad	Westlan	d Parade			
City	State	Zip Code	Check Number		
Columbus	\Box \Box \Box \Box \Box	43228	1018		
To Whom Paid			M D Y	Amount	
M.E.B.A			0 6 1 6 0 5	<u> </u>	50.00
Address	Purpose				
P.O. Box 248	Parade I				
City	State	Zip Code	Check Number		
Groveport	$ \cap H$	43125	1019 M D Y	Amount	
To Whom Paid			$\begin{bmatrix} M & D & Y \\ 0 & 1 & 6 & 0 & 5 \end{bmatrix}$		25.00
Gahanna Lion's Club	Purpose		10 0 1 0 0 3	<u> </u>	
415 Emory Street	Parade I	Parmit			
City	State	Zip Code	Check Number		
Gahanna	H	43230	1020		
To Whom Paid		10 440 0	M D Y	Amount	
Adventures In Advertising			0 6 2 2 0 5	1	550.92
Address	Purpose				
7683 Wildmint Court	Tee Shir	ts			
City	State	Zip Code	Check Number		
Westerville	$O \mid H$	43082	1021		
To Whom Paid			M D Y	Amount	50.00
Rotary Club of Westerville	In		0 6 2 7 0 5		50.00
Address	Purpose	Dommait			
P.O. Box 595	Parade I	Zip Code	Check Number		
Westerville	H	43082	1022		
To Whom Paid	<u> </u>	45002	M D Y	Amount	
Redi Quik Signs			0 6 2 8 0 5		246.60
Address	Purpose		10 0 4 0 0 3	1	210.00
226 E. State Street	1 -	and Parade Signs			
City	State	Zip Code	Check Number		
Columbus	$I \cap I \cap H$	43215	1023		

Page Total \$ 1.483.49

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Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee To Elect Judge Maynard				
To Whom Paid				nount
Nu Breed Endeavors	.,	·	0 7 2 1 0 5	245.00
Address	Purpose	01 11		
487 Georgesville Rd		Schedules		
City	State	Zip Code	Check Number	
Columbus	O H	43228	1024	
To Whom Paid				nount
Nu Breed Endeavors			0 8 1 2 0 5	225.00
Address	Purpose	C 1		
487 Georgesville Rd		Schedules Reprint		
City	State	Zip Code	Check Number	
Columbus	$A \cup A$	43228	1025	
To Whom Paid				mount 45.00
Canal Winchester Labor Festival Comi			0 8 1 4 0 5	45.00
Address	Purpose			
P.O. Box 574	Parade I			
City	State	Zip Code	Check Number	
Canal Winchester	O H	43110	2001	
To Whom Paid				nount
Grove City Area Chamber of Commer			0 8 1 4 0 5	100.00
Address	Purpose			
4069 Broadway	Parade I			
City	State	Zip Code	Check Number	
Grove City	\Box	43123	2002	
To Whom Paid				mount FO OO
Reynoldsburg Tomato Festival Inc	10		0 8 1 4 0 5	50.00
Address	Purpose			
P.O. Box 599		rsement of Copy Ex		
City	State	Zip Code	Check Number	
Reynoldsburg	$O \mid H$	43068	2003 M D Y Ar	
To Whom Paid				355.88
Adventures In Advertising	Purpose		0 8 2 7 0 5	333.66
		gn Literature		
7683 Wild Mint Court	State	Zip Code	Check Number	
Westerville	H	43082	2004	
To Whom Paid	1 () 11	45002		mount
1			$\begin{bmatrix} 0 \\ 0 \end{bmatrix} = \begin{bmatrix} 2 \\ 1 \end{bmatrix} = \begin{bmatrix} 0 \\ 0 \end{bmatrix} = \begin{bmatrix} 0 \\ 1 \end{bmatrix}$	1,650.00
Communicatins Counsel Inc	Purpose		0 9 2 0 0 3	1,000.00
	Advertis	cina		
37 W. Broad Street Suite 325	State	Zip Code	Check Number	
Columbus	O H	43215	2005	
To Whom Paid] [] [11	43213		mount
Glenn Photography			0 9 2 0 0 5	75. <u>00</u>
Address	Purpose		0 9 2 0 0 3	7 3.00
1049 Kelton Avenue	Photogra	anhe		
City	State	Zip Code	Check Number	
Columbus	H	43206	2006	
Columbus	1 () 11	1 10400	2000	

Page Total \$ _ 2 745 88

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Prescribed by Secretary of State 2/01

Name of Committee in Full								
Committee To Elect Judge Maynard						T		
To Whom Paid				M	D	Y	Amount	2 200 00
Buckeye Printing & Mailing	<u></u>		I	0 9	3 0	0 5	L	3,300.00
Address	Purpose							
217 North Grant Avenue	Posters	7:- C-1-	L/	Check N	(varah or			
Calcareless	State H	Zip Code 43215		neck in	2007	,		
Columbus To Whom Paid	() 11	43213		M	D D	Y	Amount	
				0 9				100.00
St. Stephens Community House	Purpose			0 5	1310	1015	Ь	100.00
1600 E. 17th Avenue	Parade 1	Permit						
City	State	Zip Code		Check N	umber			
Columbus	O H	43219			2008			
To Whom Paid		10217		M	D	Y	Amount	
Communications Counsel Inc			i	1 0	110	0 5	l	1,150.00
Address	Purpose							
37 W. Broad Street Suite 325	Political	Consulting						
City	State	Zip Code		Check N				
Columbus	$O \mid H$	43215	5		2009)		
To Whom Paid				M	D	Y	Amount	
Bank One				0 2	2 8	0 5	<u> </u>	20.48
Address	Purpose							
	Service							
City	State	Zip Code	•	Check N	lumber			
Columbus	$O \mid H$							
To Whom Paid				M	D	Y	Amount	1716
Bank One				0 3	3 1	0 5	1	17.16
Address	Purpose	C						
	Service State	Zip Code		Check N	Transhar		1	
^{City} Columbus	O H	Zip Code	ľ	CHECK IV	umoci			
To Whom Paid	1 () (11			M	D	Y	Amount	
Bank One			į	0 4		$ \hat{0} _{5}$		11.42
Address	Purpose	· · · · · · · · · · · · · · · · · · ·	B	UII		1012	<u></u>	11.14
radios	Service	Fees						
City	State	Zip Code		Check N	Jumber			
Columbus	I O I H		ŀ					
To Whom Paid				M	D	Y	Amount	
Bank One			·	0 5	3 1	0 5		10.64
Address	Purpose			<u> </u>	1912	10,0	4	
	Service	Fees						
City	State	Zip Code		Check N	lumber			
Columbus	$O \mid H$							
To Whom Paid				M	D	Y	Amount	
Bank One				0 6	3 0	0 5	<u> </u>	11.42
Address	Purpose	_						
	Service							
City	State	Zip Code	ľ	Check N	lumber			
Columbus	$\cap \mid H$					-		

Page Total \$ 4.621.12

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Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard									
To Whom Paid		-			M	D	Y	Amount	
Bank One					$0 \mid 7$	2 9	0 5		11.94
Address	Purpose Serv	ice I	Fees						
City	State	е	Zip Code		Check N	lumber			
Columbus		H							
To Whom Paid					M	D	Y	Amount	45 50
Bank One					<u>0 8</u>	3 1	0 5	<u> </u>	45.72
Address	Purpose Serv	ice l	Pees						
City	State		Zip Code		Check N	Tumber			
Columbus		Н			_				
To Whom Paid	·				M	D	Y	Amount	
Bank One				L. L	0 9	3 0	0 5	<u>L</u>	19.66
Address	Purpose Serv	ico I	Foos						
City	State		Zip Code		Check N	Jumber			
Columbus		Н		ı					
To Whom Paid			·	1	M	D	Y	Amount	
Expenditures from Form 31-F									470.30
Address	Purpose								
City	Stat	е	Zip Code		Check N	Jumber			
						T 5	1 17		
To Whom Paid				- 1	M	D	Y	Amount	
Address	Purpose					1	<u>. L., </u>	. 	
City	Stat	e	Zip Code		Check N	Jumber			
To Whom Paid					M	D	Y	Amount	0.00
Address	Purpose			•	h-m-	· • · · · · · · · · · · · · · · · · · ·			
City	Stat	e	Zip Code		Check N	Tumber			
To Whom Paid					M	D	Y	Amount	0.00
Address	Purpose							<u> </u>	0.00
City	Stat	e	Zip Code	•	Check N	lumber			
			L			T 5	1 17		
To Whom Paid					M 	D	Y	Amount	0.00
Address	Purpose					1	1	<u> </u>	0.00
City	Stat	e	Zip Code		Check N	Jumber			
		_							

Page Total \$547_62_	
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R.C.	35	17	.10

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1		1	
1	Dogo	- 1	
	rage		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Committee To Elect Judge Ma	vnard								
To Whom Paid	ymand			М		D	Т	Y	Amount
Brownstone				0	3	D)	0 5	
Address	Purpose				_	<u> </u>			<u> </u>
122 E. Hain St	Fu	ındra	aisser						
City		te	Zip Code 43215			umbe	7		
Columbus	0	Н	43215		- U	14			
To Whom Paid				М		D		Y	Amount
÷ =			,		\sim		9	ر.	
Address	Purpose								
City		te	72:- 0.4.	Tou-	J. N	umber			
City	36	le	Zip Code	Che	3K IN	umoei			
To Whom Paid		<u> </u>		M		Б	7	Υ	Amount
								1	
Address	Purpose					LL	Ь		
City	Sta	te	Zip Code	Che	k N	umber			
To Whom Paid				М		D		Y	Amount
			,						
Address	Purpose								
Cit.		I	, 12:- C-1-	lot-	1. 3.1				·
City	Sta	te	Zip Code	Che	K N	umber			
To Whom Paid		<u> </u>	1	M		D	_	Υ	Amount
10 11 10 11 11 11 11 11 11 11 11 11 11 1				1"1				1	
Address	Purpose					LL			<u> </u>
City	Sta	te	Zip Code	Che	k N	umber	•		
}]						
To Whom Paid		•		М		D	Т	Y	Amount
			··········						
Address	Purpose								
O'.			[m: 0.1	lor					
City	Sta	te	Zip Code	Che	k N	umber	•		
To Whom Paid				M		D		Y	Amount
				"1		7			
Address	Purpose								<u> </u>
			•						
City	Sta	te	Zip Code	Che	k N	umber			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page 1

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee			· · · · · · · · · · · · · · · · · · ·				
Committee To Elect Judge Maynard							
To Whom Owed				Prior A	mount		Amt. Incurred this Period
Lionel Jones						0.00	68.48
Address					Purpose fo		Outstanding Balance
4155 A Aston Martin Court				Fu	nd Ra	iser	68.48
City	State	Zip Code				yments N	Made This Period
Columbus	OH		232	7.	Date	1 17	Amount
Date Debt was originally Incurred	м 0 9	0 8	0 5	M	D	Y	\$
Registration Number, if PAC				м	D 	Y	
				М	D	Y	
To Whom Owed				Prior A	mount	<u> </u>	Amt. Incurred this Period
Address				Item or	Purpose fo	r Debt	Outstanding Balance
City	State	Zip Cod	e		Pa Date	yments l	Made This Period Amount
Date Debt was originally Incurred	М	D	Y	М	D	Y	\$
Registration Number, if PAC				М	D	Y	
				М	D	Y	
To Whom Owed				Prior A	mount		Amt. Incurred this Period
Address				Item or	Purpose fo	r Debt	Outstanding Balance
City	State	Zip Cod	e		Pa Date	nyments l	Made This Period Amount
Date Debt was originally Incurred	M	D	Y	М	D	Y	\$
Registration Number, if PAC				M	D	Y	
				М	D	Y	
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all pays Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1)							
Total Payments this Period \$ 0.00 (also record of	on Form	31-B)					
Total Outstanding Balance \$ 68.48 (also record of	on cover	page)					

Page	1

Statement of Loans Received

								Pre	escri	bed b	y Se	cret	tary	of State	3/05									
Full Name of Committee									_		_	_					. ***							
Committee To Elect Ju	ıdg	<u>e</u>	Μą	ayn	arc	l																		
From Whom Received																		Prior	Amo	unt				Amt. Incurred this Period
William Dwaune May	/na	rd																				0.0	<u>)0 </u>	1,250.00
Address 7903 Wiltshire Court																								Outstanding Balance 1,250.00
City															Г	ate	P	aym	ents This Period Amount					
Date Loan was originally	М		_	D	Τy		M		ΓĪ		1	Y	1	\$				М	Т	D		Y		s
Incurred	0	5				5	0	5	Ιō	1	lο	,	5			(600		١					0
Registration Number, if PAC	U		1.0		10		м 0	7	2)	×	Y	5				400	М		D		Y		
Employer/Occupation/Labor Organization*							M 1	<u> </u>	l O)	<u> </u>	Y	5				250	М		D		Y		
From Whom Received								U	LU	10	10		71				200	Prior	Amo	ount	1			Amt. Incurred this Period
Address																								Outstanding Balance
City	St	ate	Zii	Code	e			Loo	no E	Receiv	od '	Thi	, Da	ried								P	avm	ents This Period
City	"	1	,	, 000	•			LOA		Date	/cu	T THE	314	1100	Amou	unt				Ι	Date			Amount
Date Loan was originally Incurred	М		1	D	Y	7	M		I		Γ	Y		\$				М		D		Y		\$
Registration Number, if PAC	<u>. </u>	<u>.</u>					M		I			Y						М		D		Y		
Employer/Occupation/Labor Organization*							M		I	7	T	Y						М		D		Y		
From Whom Received				-							1							Prior	Am	ount		L		Amt. Incurred this Period
Address					-																			Outstanding Balance
City	St	tate	Zij	Cod	e			Loa		Receiv	ved '	Thi	s Pe	eriod	Amoi	unt		Payme Date						ents This Period Amount
Date Loan was originally Incurred	М		T	D	7		M		I)		Y		\$				M		D		Y		\$
Registration Number, if PAC		<u> </u>					M		1	7		Y						М		D		Y		
Employer/Occupation/Labor Organization*					-		М		1			Y		_				М		D		Y		
* Required for contributions over \$100 to staif any, rather than employer should be listed the employees are members, if any, must applied to be a standard or standard that the employees are members, if any, must applied to be a standard to be	. If two pear. I	vo or R.C.	more 351	e emp 7.10(I Balano	loyee B)(4) ce" sp	s dona	te vi	a pay	roll	dedu	oans	ano	d ex	cceed th	e aggrega	ate of \$ the Sta	100, th	ne lab	or on	ganiza Incom	tion e (F	of w	hich	31-A-2).
1 Total prior amount \$					Ω	00																		

1	Total prior amount \$	0.00	
2	Total received this period \$	1,250.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	1,250.00	(To Form No. 30-A)

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Page	

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	· ————	The second secon		
Committee To Elect Judge Maynard				
Full Name			Registration Number, if PAC	
Total Loans Received This Period Address				
Address	Type*		M D Y Amount	
				250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC	
Bank One Address				
Address	Type*		M D Y Amount	2.00
	I N		0 2 2 8 0 5	2.09
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H			
Full Name			Registration Number, if PAC	
Bank One				***
Address	Type*		M D Y Amount	1.00
	IN	g: 0.1	0 3 3 1 0 5	1.28
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H		Desiration Number (FDAC)	
Full Name			Registration Number, if PAC	
Bank One Address	Tomak	-	M D Y Amount	
Address	Type*			2.44
City	I N State	Zip Code	0 4 2 9 0 5 Form(Cash,Check,etc)	2. 44
Columbus	O H	Zip code	Torrin (Casir, Check, etc.)	
Full Name	0 1 11	<u> </u>	Registration Number, if PAC	
Bank One			regulation realises, a real	
Address	Type*		M D Y Amount	
1 1000	IIN		0 5 3 1 0 5	2.60
City	State	Zip Code	Form(Cash,Check,etc)	200
Columbus	I O I H			
Full Name			Registration Number, if PAC	
Bank One				
Address	Type*		M D Y Amount	
	1 N		0 6 3 0 0 5	2.69
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$-10 \mid H$			
Full Name			Registration Number, if PAC	
Bank One				
Address	Type*		M D Y Amount	
	$I \mid N$		0 7 2 9 0 5	2.44
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	+ O $+$ H			
Full Name			Registration Number, if PAC	
Bank One				
Address	Type*		M D Y Amount	
	IN		0 8 3 1 0 5	3.15
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	<u> </u>		
A 4 A		Col Col T	1 2 2 2 1 1 1 1 1	

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1 266 69

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

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Statement of Other Income

Prescribed by Secretary of State 2/01

		<u> </u>						
Name of Committee in Full								
Committee To Elect Judge Maynard								
Full Name			Registra	tion Nur	nber, if	FPAC		
Bank One								
Address	Type*		M	D	Y		ount	
	$I \mid N$		0 9	3 0	0 0	5		4.59
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Columbus	$ \cap H$							
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City	State	Zip Code	Form(C	ash,Che	ck,etc)			

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$4	<u>59</u>
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^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

Event Date	03-24-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Robert W. Suhr, Ttee Employer/Occupation/Labor Organization* Amount Street Address 0|3|2|4| $0 \mid 5$ 200.00 59 Lakeview Drive Zip Code Form(Cash,Check,etc) 43026 Check Thornville | H Full Name of Contributor Registration Number, if PAC Emily E. Heckert Employer/Occupation/Labor Organization* 7485 Fairfield Lakes Drive 0 3 2 4 0 5 100.00 Zip Code Form(Cash,Check,etc) City Powell Н 43065 Check Full Name of Contributor Registration Number, if PAC Martin C. Nobile Employer/Occupation/Labor Organization* Street Address Amount 2 4 0 5 100.00 0|3| 3278 Reed Point Drive Zip Code Form(Cash,Check,etc) 43026 Hilliard Check Full Name of Contributor Registration Number, if PAC Sallynda Rothchild Denison Employer/Occupation/Labor Organization* Amount 0 3 2 4 200.00 500 S, Front Street Suite 102 Zip Code State Form(Cash Check etc) City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Frederick T. Moses Employer/Occupation/Labor Organization* Amount 19538 Carroll Rd 0 3 2 4 200.00 City Zip Code Form(Cash,Check,etc) Rockbridge Н 43149 Check Registration Number, if PAC Nancy K. Wonnell Employer/Occupation/Labor Organization* D Street Address Amount 0 3 2 4 0 5 100.00 330 S. High Street Zip Code Form(Cash,Check,etc) City 43215 Columbus Η Check Registration Number, if PAC Full Name of Contributor David C. Young Employer/Occupation/Labor Organization* Street Address Amount 100.00 2 4 0 5 495 S. High Street 0 3 Zip Code Form(Cash,Check,etc) 43215 Check Columbus

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Total contributions this event	Total expenditures this event	
		Page Total \$1.000.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03-24-05
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Jame of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Byron L. Potts Employer/Occupation/Labor Organization* Amount $2 \mid 4$ 100.00 5770 Middleby Drive Zip Code Form(Cash,Check,etc) Hilliard 43026 Check Full Name of Contributor Registration Number, if PAC Douglas A. Funkhouser Employer/Occupation/Labor Organization* 0 3 2 4 0 5 100.00 1560 Vanelm Street Form(Cash,Check,etc) Zip Code State 43228 Check Η Columbus Registration Number, if PAC Full Name of Contributor Jo E. Kaiser Employer/Occupation/Labor Organization* 0 3 2 4 0 5 100.00 2103 Scenic Drive Form(Cash,Check,etc) State Zip Code City 43130 Check Н Lancaster Registration Number, if PAC Full Name of Contributor Robert M. Storey Employer/Occupation/Labor Organization* Amount 0 3 2 4 100.00 2967 Stillmeadow Drive Zip Code Form(Cash,Check,etc) City State 43016 Check Н Dublin Full Name of Contributor Registration Number, if PAC Umberto A. Denbeneditto, Ir. Employer/Occupation/Labor Organization* Amount 0 3 2 4 $0 \mid 5$ 100.00 2176 Victoria Park Drive Form(Cash,Check,etc) City Zip Code 43225 Columbus Η Check Registration Number, if PAC Full Name of Contributor Thomas N. Taneff Employer/Occupation/Labor Organization* Street Address Amount 0 3 2 4 0 5 100.00 600 S. High Street, Ste 201 Form(Cash,Check,etc) City State Zip Code Columbus Η 43215-5656 Check Full Name of Contributor Registration Number, if PAC Wiles, Boyle, Burkholder & Bringardner #CP-1058 Employer/Occupation/Labor Organization* Amount 0 3 2 4 0 5 500.00 115 W. Main Street Zip Code Form(Cash,Check,etc) State

Fill in the boxes below only on the last page for this event.

Columbus

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$1.100.00_

43215-5041

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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03-24-05
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Gallagher, Gams, Pryor, Tallan & Littrell, LLP Employer/Occupation/Labor Organization* 0 3 2 4 0 | 5 100.00 471 E. Broad Street - 19th Floor Form(Cash,Check,etc) State Zip Code 43215-3872 Check Н Columbus Registration Number, if PAC Full Name of Contributor Regina Ford Employer/Occupation/Labor Organization* Amount 0 3 2 4 100.00 5771 Wooden Plank Rd Zip Code Form(Cash,Check,etc) City 43026 Check Hilliard Registration Number, if PAC Iohn William Ferron Employer/Occupation/Labor Organization* 100.00 0 3 2 4 0 5 6262 Deeside Drive Zip Code Form(Cash,Check,etc) State City 43017 Check Dublin Full Name of Contributor Registration Number, if PAC Keener, Doucher, Curley & Patterson Employer/Occupation/Labor Organization* Amount 100.00 0 3 2 4 0 5 88 E. Broad Street Suite 1750 Form(Cash,Check,etc) State Zip Code City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor #OH 108 Vorys Sater Seymour and Pease LLP Employer/Occupation/Labor Organization* D Amount 0 3 2 4 100.00 52 E. Gay Street P.O. Box 1008 Form(Cash,Check,etc) Zip Code City State 43215-1008 Check Columbus Registration Number, if PAC Full Name of Contributor Lane, Alton & Horst LLC Employer/Occupation/Labor Organization* D Amount Street Address 0|3**|** 2 4 100.00 175 S. Third Street Zip Code Form(Cash,Check,etc) City 43215-5100 Columbus Η Check Registration Number, if PAC Full Name of Contributor Schottenstein Zox & Dunn Co LPA Employer/Occupation/Labor Organization* D Amount Street Address 0 3 2 4 0 5 500.00 250 West Street Zip Code Form(Cash Check etc) State Η 43215 Check Columbus

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Total contributions this event	Total expenditures this event	
		Page Total \$ 1.100.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03-24-05
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Gerald Noel Employer/Occupation/Labor Organization* Street Address 100.00 0 3 2 4 0 | 5 555 S. Third Street Zip Code Form(Cash,Check,etc) City 43215 Cash H Columbus Registration Number, if PAC Full Name of Contributor Lewis Dve Employer/Occupation/Labor Organization* Amount 0|5 100.00 0 3 2 | 4 555 S. third Street Zip Code Form(Cash,Check,etc) City 43215 Cash Columbus Registration Number, if PAC Rebecca Gooch Employer/Occupation/Labor Organization* D 2 4 0 5 100.00 0 3 1 1538 S. Champion Avenue Zip Code Form(Cash,Check,etc) State City 43205 Cash Η Columbus Registration Number, if PAC Full Name of Contributor Otto Beatty Street Address Employer/Occupation/Labor Organization* Amount 100.00 0 3 2 4 0 5 23 S. High Street City Zip Code Form(Cash,Check,etc) 43215 Cash Columbus Registration Number, if PAC Full Name of Contributor #OH 108 Kelvin Lindsev Amount Employer/Occupation/Labor Organization* 0 3 2 4 100.00 2894 LaRosa Drive Zip Code Form(Cash,Check,etc) State City 43223 Cash Columbus Registration Number, if PAC Full Name of Contributor Dale Yurovick Street Address Employer/Occupation/Labor Organization* D Amount 5 E. Long Street 0 3 2 4 100.00 Zip Code Form(Cash,Check,etc) Columbus | H 43215 Cash Registration Number, if PAC Full Name of Contributor Jerry Watson Employer/Occupation/Labor Organization* D Amount Street Address 3235 Oakland Hills Drive 0 3 2 4 0 5 100.00 Zip Code Form(Cash,Check,etc) State 43147 Pickerington H Cash

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03-24-05
Page	5

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Rick Daniels Employer/Occupation/Labor Organization* Amount Street Address 50.00 $0 \mid 3 \mid$ 4 $0 \mid 5$ 1350 W. Fifth Avenue Form(Cash,Check,etc) State Zip Code 43204 Cash Columbus Н Registration Number, if PAC Full Name of Contributor Contributions of \$25 Less Employer/Occupation/Labor Organization* Amount $2 \mid 4$ 100.00 0|3| 5 0 Zip Code Form(Cash,Check,etc) 43204 Cash Columbus Η Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* D Amount Street Address 0.00 Form(Cash,Check,etc) State Zip Code Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* Street Address 0.00 Zip Code Form(Cash,Check,etc) State City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address 0.00 City State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Amount 0.00 Zip Code State Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount 0.00 City State Zip Code Form(Cash,Check,etc)

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$150.00_
4.050.00	0.00	

Event Date	03-29-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Deborah F. Sanders Employer/Occupation/Labor Organization* \overline{D} 200.00 2|9|0|5 0|3|641 Indiana Mound Road Form(Cash,Check,etc) H 43213 Check Columbus Registration Number, if PAC Full Name of Contributor William I. Butler Employer/Occupation/Labor Organization* Amount 200.00 0|3|2|9|0|5 1062 Cassingham Road Zip Code Form(Cash Check etc) City 43209 Check Columbus H Registration Number, if PAC Guy Reece Employer/Occupation/Labor Organization* D 0|3|2|9|0|5 250.00 7191 Keystone Ranch Court Zip Code Form(Cash,Check,etc) City Η 43004 Check Blacklick Registration Number, if PAC Full Name of Contributor H. Lee Thompson Employer/Occupation/Labor Organization* Amount 2|9|0|5 175.00 85 E. Gay Street Suite 810 Zip Code Form(Cash,Check,etc) City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Michael McCord Employer/Occupation/Labor Organization* Amount 0 3 2 9 0 5 200.00 811 Strawberry Hill Rd West Zip Code Form(Cash,Check,etc) State City H 43213 Check Columbus Registration Number, if PAC Full Name of Contributor Philip T. Daniel Employer/Occupation/Labor Organization* Amount 0|3| 2 9 0 5 200.00 8161 Flint Rd City Zip Code Form(Cash,Check,etc) Η 43235 Check Columbus Registration Number, if PAC Full Name of Contributor Carl D. Smallwood Employer/Occupation/Labor Organization* D Amount 0 3 2 9 0 5 200.00 4121 Edgehill Drive Zip Code Form(Cash,Check,etc)

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Columbus

Total contributions this event	Total expenditures this event	
		Page Total \$ 1.425.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	03-29-05
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Marcus A. Ross Street Address Employer/Occupation/Labor Organization* Amount 2 9 0 | 5 200.00 0 3 4468 Keeler Drive Form(Cash,Check,etc) Zip Code City + H 43227 Check Columbus Registration Number, if PAC Vorys Sater Seymour and Pease LLP / Adv for Effec Gov #OH 108 Employer/Occupation/Labor Organization* D Amount 0 3 2 9 200.00 0 | 5 52 E. Gay Street Zip Code Form(Cash.Check.etc) Check 43215-1008 Η Columbus Registration Number, if PAC Full Name of Contributor Frederick D. Benton, Jr. Employer/Occupation/Labor Organization* D 786 S. Front Street - Ste 204 3 2 9 200.00 State Zip Code Form(Cash,Check,etc) City 43206-1907 Check Columbus Registration Number, if PAC Full Name of Contributor Ralph Robinson Employer/Occupation/Labor Organization* Amount 2|9|0|5 100.00 844 S. Front Street 0 | 3 | State Zip Code Form(Cash,Check,etc) City 43206 Cash Columbus Registration Number, if PAC Nathan Akamine Employer/Occupation/Labor Organization* 0 3 2 9 100.00 844 S. Front Street Zip Code Form(Cash.Check.etc) State City 43206 Cash Columbus Registration Number, if PAC Full Name of Contributor Kay Akamine Employer/Occupation/Labor Organization* D Amount 2 9 844 S. Front Street 0 | 3 | 100.00 City Zip Code Form(Cash,Check,etc) Columbus H 43206 Cash Registration Number, if PAC Full Name of Contributor Toure McCord Street Address Employer/Occupation/Labor Organization* D Amount 844 S. Front Street 0 3 2 9 0 5 100.00 Zip Code State Form(Cash Check etc) Н 43206 Columbus Cash

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Total contributions this event	Total expenditures this event	
		Page Total \$1.000.00_
2.425.00		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	08-09-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Robert F. Krapenc D Employer/Occupation/Labor Organization* Amount 0 8 0 9 150.00 601 S. High Street Zip Code Form(Cash,Check,etc) 43215 Н Check Columbus Registration Number, if PAC Full Name of Contributor Kyle L. Hunter Employer/Occupation/Labor Organization* Amount 0 8 0 9 0 5 50.00 601 S. High Street - First Floor Zip Code Form(Cash,Check,etc) State City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Iulie Paek Hubler Employer/Occupation/Labor Organization* Amount 0 8 0 9 0 5 35.00 141 E. Town Street Form(Cash,Check,etc) State Zip Code City 43215 Check Η Columbus Registration Number, if PAC Full Name of Contributor Philip L. Allen Employer/Occupation/Labor Organization* Amount 0|9|0|5 600S. High Street Suite 201 0 8 35.00 Zip Code Form(Cash,Check,etc) City Check 43215 Columbus Registration Number, if PAC Full Name of Contributor Charles William McGowan Employer/Occupation/Labor Organization* Amount 0 8 0 9 50.00 601 S. High Street Form(Cash,Check,etc) Zip Code City State 43215 Columbus Η Check Registration Number, if PAC Full Name of Contributor Martin C. Nobile Street Address Employer/Occupation/Labor Organization* D Amount 0|8|0|9|0|5 35.00 3278 Reed Point Drive Zip Code Form(Cash,Check,etc) 43026 Check Hilliard Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Amount 0.00 Zip Code City State Form(Cash Check etc)

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$355.00_
355.00		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	08-12-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Contributions \$25 or Less Employer/Occupation/Labor Organization* Street Address 85.00 0 8 1 2 $0 \mid 5$ Form(Cash,Check,etc) State Zip Code City Registration Number, if PAC Full Name of Contributor Deborah Stokes Employer/Occupation/Labor Organization* Amount 100.00 0 8 1 2 $0 \mid 5$ 5307 Ruthamy Avenue Zip Code Form(Cash,Check,etc) Check Westerville 43081 Registration Number, if PAC Full Name of Contributor Warren Irving Employer/Occupation/Labor Organization* Amount Street Address 50.00 0 8 1 2 0 5 1179 Hickory Grove Court Form(Cash.Check.etc) Zip Code State City 43085 Check Worthington Registration Number, if PAC Full Name of Contributor Keith F. Matthews Employer/Occupation/Labor Organization* Amount 50.00 0 8 1 2 0 5 302 Shyanne Court Zip Code Form(Cash,Check,etc) City 43065 Check Powell Full Name of Contributor Registration Number, if PAC Sherry B. Keys-Hebron Employer/Occupation/Labor Organization* Amount 0 8 1 2 0 5 150.00 1007 Caroway Drive Form(Cash,Check,etc) City Zip Code 43230 Check Gahanna Registration Number, if PAC Full Name of Contributor Jack G. Gibbs Employer/Occupation/Labor Organization* Amount 0 8 1 2 150.00 3855 McDannald Drive Form(Cash,Check,etc) Zip Code City 43230-1120 Check $\mid H \mid$ Gahanna Registration Number, if PAC Full Name of Contributor Beth A. Thomas Street Address Employer/Occupation/Labor Organization* Amount 0 8 1 2 0 5 100.00 8144 Davington Drive Zip Code Form(Cash,Check,etc) Dublin 43017-1805 Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$685.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	08-12-05
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Shellee Fisher Davis Employer/Occupation/Labor Organization* Amount Street Address 50.00 8349 Breckenridge Way 0 8 1 2 0 Zip Code Form(Cash,Check,etc) State 43235 Check Columbus | H Registration Number, if PAC Thomas E. Mazurek Employer/Occupation/Labor Organization* 0 8 1 2 0 5 250.00 6194 Balmoral Drive Zip Code Form(Cash,Check,etc) State City 43017 Check Dublin Registration Number, if PAC Full Name of Contributor Deborah B. Walker_ Employer/Occupation/Labor Organization* D Amount 100.00 0 8 1 2 0 5 751 Line Way State Zip Code Form(Cash_Check_etc) City 43230 Check Gahanna Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Amount 0.00 Form(Cash,Check,etc) City State Zip Code Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount 0.00 State Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor D Amount Employer/Occupation/Labor Organization* Street Address 0.00 Form(Cash,Check,etc) City State Zip Code Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount 0.00 Form(Cash,Check,etc) Zip Code

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Total contributions this event	Total expenditures this event	
		Page Total \$ 400.00
1.085.00		

Event Date	08-17-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Jame of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Mitch Alter Employer/Occupation/Labor Organization* Amount Street Address 0 8 1 7 100.00 0 500 S. Front Street Zip Code Form(Cash.Check.etc) Cash 43215 Columbus Registration Number, if PAC Byron Victory Employer/Occupation/Labor Organization* Street Address 0 8 1 7 $0 \mid 5$ 50.00 500 S. Front Street Zip Code Form(Cash,Check,etc) State 43215 Cash Columbus Registration Number, if PAC Full Name of Contributor Lawrence A. Riehl Employer/Occupation/Labor Organization* <u>150.00</u> 0 8 1 7 0 5 500 S. Front Street Suite 200 Form(Cash,Check,etc) State Zip Code City 43215-7628 Check Columbus Registration Number, if PAC Full Name of Contributor Crabbe, Brown & James Employer/Occupation/Labor Organization* Amount 1,000.00 0 8 1 7 500 S. Front Street Suite 1200 Form(Cash,Check,etc) Zip Code City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor McCord & Akamine Employer/Occupation/Labor Organization* Street Address 0 8 1 7 0 5 300.00 844 S. Front Street Zip Code Form(Cash,Check,etc) City 43206 Columbus Η Check Registration Number, if PAC Full Name of Contributor R. F. Ross Legal Services Employer/Occupation/Labor Organization* Amount Street Address D 0 8 1 7 0 5 100.00 338 S. High Street Form(Cash,Check,etc) Zip Code 43215-4546 Check Columbus Full Name of Contributor Registration Number, if PAC Alex Shumate Employer/Occupation/Labor Organization* Amount 1 7 0 5 150.00 0 | 8 | 229 Deer Meadow Drive Zip Code Form(Cash,Check,etc) State 43230 Check Gahanna

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Total contributions this event	Total expenditures this event	
		Page Total \$1.850.00_
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	08-17-05
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Larry H. James Employer/Occupation/Labor Organization* 0 | 5 350.00 0181One Miranova Place Ste 1040 Zip Code Form(Cash,Check,etc) 43215 Cash Н Columbus Registration Number, if PAC Full Name of Contributor Christina L. Corl Employer/Occupation/Labor Organization* Amount 0 8 1 7 150.00 0 | 5 5971 Olentangy River Rd Zip Code Form(Cash.Check.etc) Check 43085-3400 Columbus Registration Number, if PAC Full Name of Contributor Thomas I. Bonasera Employer/Occupation/Labor Organization* D 0 | 8 |1 | 7 | 0 | 5 150.00 1360 Marlyn Drive Zip Code Form(Cash,Check,etc) City 43220 Check Columbus Registration Number, if PAC Full Name of Contributor Christopher M. Cooper Employer/Occupation/Labor Organization* D Amount 0 8 1 7 0 5 150.00 286 Marjoram Drive City Zip Code Form(Cash,Check,etc) 43230 Check Gahanna Registration Number, if PAC Full Name of Contributor Demetries Jo Neely Employer/Occupation/Labor Organization* 0 8 1 7 0 5 150.00 345 Farm Creek Drive Zip Code State Form(Cash,Check,etc) City 43230 Check Columbus Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address 0.00 City State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address 0.00 Zip Code Form(Cash,Check,etc) City State

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Total contributions this event	Total expenditures this event	
		Page Total \$950.00
2 800 00		

Event Date	08-27-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor John Gore Amount Employer/Occupation/Labor Organization* Street Address 0|5 50.00 0 8 183 Farmwood Place Form(Cash,Check,etc) Zip Code 43230 Check l H Gahanna Registration Number, if PAC Full Name of Contributor D'Iuan S. M. Hamonds Employer/Occupation/Labor Organization* Amount 100.00 0 | 8 | 2 | 7 | 24 Home Street #1103 0 Zip Code Form(Cash,Check,etc) Check 45701 | H Athens Registration Number, if PAC Wiliam I. Butler Employer/Occupation/Labor Organization* D Amount 100.00 0 8 2 7 1062 Cassingham Rd Zip Code Form(Cash,Check,etc) City 43209 Check | H Columbus Registration Number, if PAC Full Name of Contributor **Donald Bess** Amount Employer/Occupation/Labor Organization* D Street Address 0 | 8 | 2 | 7 | 0 | 5 100.00 9523 Haaf Farm Dr NW Form(Cash,Check,etc) State Zip Code City 43137 Check Pickerington Registration Number, if PAC Full Name of Contributor George M. Walker, Sr. Employer/Occupation/Labor Organization* Amount 0 8 2 7 0 5 100.00 1405 E. 24th Avenue Form(Cash,Check,etc) State Zip Code City 43211 Check H Columbus Registration Number, if PAC Full Name of Contributor D Amount Street Address Employer/Occupation/Labor Organization* 0.00 State Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Amount Street Address 0.00 Form(Cash,Check,etc) State Zip Code City

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$450.00_
450.00		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	09-08-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Marcia Conley Employer/Occupation/Labor Organization* Street Address 50.00 0|9|0|8|0|5 3870 Scotsefield Drive Form(Cash,Check,etc) State Zip Code 43230 | H Money Order Columbus Registration Number, if PAC Charles Muscari / Wiles, Boyle, Burkholder, Bringardner Co. #CP-1058 Amount Employer/Occupation/Labor Organization* D 100.00 0 9 0 8 0 5 300 Spruce Zip Code Form(Cash,Check,etc) 43215 Check Columbus Registration Number, if PAC Full Name of Contributor John P.Bessey Employer/Occupation/Labor Organization* Amount Street Address 75.00 0 9 0 8 0 5 6670 Kensington Way Zip Code Form(Cash,Check,etc) State City 43085 Check Worthington Full Name of Contributor Registration Number, if PAC Charles A. Schneider Employer/Occupation/Labor Organization* Amount 50.00 0|9|0|8|0|5 4492 Shire Mill Road Zip Code Form(Cash,Check,etc) City 43026 Check Η Hilliard Full Name of Contributor Registration Number, if PAC Thomas N. Taneff Amount Employer/Occupation/Labor Organization* Street Address 100.00 0|9|0|8|0|5 600 S. High Street Form(Cash,Check,etc) City State Zip Code 43215-5656 Check Columbus Registration Number, if PAC Full Name of Contributor Contributions \$25 or Less Employer/Occupation/Labor Organization* D Street Address 10.00 Form(Cash,Check,etc) State Zip Code City Check Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address 0.00 Form(Cash,Check,etc) City State Zip Code

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$385.00_
385 00	68.48	

Event Date	09-09-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Jame of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Contributions Less Than \$25 Employer/Occupation/Labor Organization* Street Address 0 9 0 9 0|5110.00 Zip Code State Form(Cash,Check,etc) City Cash Registration Number, if PAC Full Name of Contributor Frederick D. Benton, Ir. Employer/Occupation/Labor Organization* Amount 100.00 786 S. Front Street Ste 204 0 9 0 9 $0 \mid 5$ City Zip Code Form(Cash,Check,etc) 43206-1907 Columbus Check Full Name of Contributor Registration Number, if PAC Salon Lofts, LLC Employer/Occupation/Labor Organization* Amount D Street Address 29 E. Russell Street Suite 202 0|9|0|9|0|5 100.00 Zip Code State Form(Cash,Check,etc) City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Steven R. Ward Employer/Occupation/Labor Organization* Amount 0 9 0 9 0 5 50.00 3433 Oakcrest Road Form(Cash,Check,etc) City Zip Code 43232 Check Columbus Full Name of Contributor Registration Number, if PAC Richard C. Malone Employer/Occupation/Labor Organization* Amount 01910191015 50.00 3558 Kickwood Road City Zip Code Form(Cash,Check,etc) 43227 Columbus Check Full Name of Contributor Registration Number, if PAC Rosanne Carmichael Employer/Occupation/Labor Organization* Amount 0|9|0|9|0|5 50.00 99 N. Everett Avenue Form(Cash,Check,etc) Zip Code | H 43213 Columbus Check Registration Number, if PAC Full Name of Contributor Laurel A. Beatty Employer/Occupation/Labor Organization* Street Address Amount 0 9 0 9 0 5 50.00 268 E. Gates Street State Zip Code Form(Cash,Check,etc) Columbus 43206 Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$510.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	09-09-05
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

lame of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Ianelle N. Simmons Amount Employer/Occupation/Labor Organization* 0|9|0|9 50.00 2686 Bloom Drive Zip Code Form(Cash,Check,etc) City Check Η 43219 Columbus Registration Number, if PAC Kevin Allen Employer/Occupation/Labor Organization* D Amount Street Address 0|9|0|9|0|5 50.00 968 Washington Street Zip Code Form(Cash Check etc) State 43147-8193 Check **Pickerington** Registration Number, if PAC Full Name of Contributor Rhonda P. Metoyer Employer/Occupation/Labor Organization* Amount 1414 Lockbourne 0 9 0 9 0 5 50.00 Zip Code Form(Cash,Check,etc) City Columbus 43206 Check Full Name of Contributor Registration Number, if PAC Lillian R. Crawford Employer/Occupation/Labor Organization* Amount 3265 Rensbury Court 0|9|0|9|0|5 100.00 Zip Code Form(Cash,Check,etc) City Columbus Η 43017-1803 Check Registration Number, if PAC Full Name of Contributor Philicia Pegram Employer/Occupation/Labor Organization* Amount 0|9|0|9| 50.00 1139 Bernhard Rd City Zip Code Form(Cash,Check,etc) Н 43227 Check Columbus Full Name of Contributor Registration Number, if PAC Mark Hatcher Employer/Occupation/Labor Organization* D Amount 0|9|0|9|0|5 50.00 2147 Marfa Road City State Zip Code Form(Cash,Check,etc) 43229 Columbus Cash Registration Number, if PAC Full Name of Contributor Marcia Ross Employer/Occupation/Labor Organization* Amount 4468 Keeler Drive 0|9|0|9|0|5 40.00 Zip Code Form(Cash,Check,etc) 43227 Columbus Cash

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	<u> </u>
		Page Total \$390.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	09-09-05
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Percy Squire Street Address Employer/Occupation/Labor Organization* Amount 0|9|0|9 100.00 0|5 65 E. State Street Form(Cash, Check, etc) State Zip Code 43215 Cash Н Columbus Registration Number, if PAC **Ierzell Pierre Louis** Employer/Occupation/Labor Organization* Amount 100.00 0 9 0 9 0 5 6227 Beringer Drive Zip Code Form(Cash,Check,etc) 43026 Cash Η Registration Number, if PAC Sadie Coates Employer/Occupation/Labor Organization* D Street Address 0|9|0|9| 60.00 0 State Zip Code Form(Cash,Check,etc) City Cash Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount 0.00 State Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Amount 0.00 Zip Code State Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount 0.00 City Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Amount 0.00 Form(Cash,Check,etc) City State Zip Code

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$260.00_
1.160.00	0.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	09-22-05
Page	1

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Lewis T Dve Employer/Occupation/Labor Organization* Amount Street Address 50.00 555 S. Third Street 0 9 2 2 0 | 5 Form(Cash,Check,etc) Zip Code 43215 Cash Columbus Registration Number, if PAC Full Name of Contributor #CP-1058 Robert F. Krapenc Employer/Occupation/Labor Organization* Amount 601 S. High Street - First Floor 0 9 2 2 300.00 City Zip Code Form(Cash,Check,etc) Η 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Christina L. Corl Employer/Occupation/Labor Organization* D Y Amount Street Address 0 9 2 2 0 5 200.00 5971 Olentangy River Rd State Zip Code Form(Cash,Check,etc) City 43085 Worthington Check Full Name of Contributor Registration Number, if PAC Nicholas W. Yaeger Employer/Occupation/Labor Organization* 0 9 2 2 50.00 288 Thurman Avenue Form(Cash,Check,etc) City State Zip Code 43206 Check Columbus Full Name of Contributor Registration Number, if PAC Gerald Noel Street Address Employer/Occupation/Labor Organization* D Amount 2 | 2 0 | 9 | 35.00 555 S. Third Street Zip Code Form(Cash,Check,etc) City Η 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount 0.00 City State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount 0.00 Form(Cash,Check,etc) City Zip Code

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$635.00_
635.00	0.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard				bs · ·		'CD4		
Full Name of Contributor				Registra	ation Num	ber, ii PA	C	
Marie L. Stevens	In1	(0	ti // -l Oreni-sties#	Ь.			Form (Cash, Che	ok ata)
Street Address	Employ	er/Occupa	tion/Labor Organization*				• •	ik, etc.)
3476 Penfield Rd		4-4-	Zip Code	Тм	D	ΙΥ	Check Amount	
^{City} Columbus	0	tate H	43227	$\begin{bmatrix} 1 \\ 0 \end{bmatrix}_2$	1 .		Amount	250.00
Full Name of Contributor		1	10227		ation Num		C	
Larry W. Thomas								
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
1058 Mt. Vernon Avenue	İ						Check	
City	S	Itate	Zip Code	М	D	Y	Amount	
Columbus	0] H	43203	0 2	0 8	0 5		250.00
Full Name of Contributor				Registra	ation Num	ber, if PA	C	
Sabrina Thomas								
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
520 N. Nelson Rd	1						Check	
City	I	tate	Zip Code	M	D.	Y	Amount	
Columbus	<u> </u>	H	43219	0 2				250.00
Full Name of Contributor				Registra	ation Num	ber, if PA	С	
Anita L. Nious						-		
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
2567 Villa Savoire							Check	
City	_	state	Zip Code	M	D	Y	Amount	250.00
Columbus	I O	H	43219	0 2		0 5	<u> </u>	250.00
Full Name of Contributor				Registra	ation Num	ber, if PA	C	
Sanford J. Cohan	Dlav	/0	ation/Labor Organization*				Form (Cash, Che	ols etc.)
Street Address	Employ	er/Occupa	mon/Labor Organization.				Check	ck, etc.)
2500 Corporate Exchange Dr. Ste. 151		state	Zip Code	М	I D	Y	Amount	
Columbus	l oʻ	H	43231	0 3	1 .	0 5	ranount	100.00
Full Name of Contributor		1 1 1	40201		ation Num		C	100.00
Ruth Harper								
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
575 S. High Street							Check	,
City	S	tate	Zip Code	M	D	Y	Amount	
Columbus	lo	H	43215	0 4	0 1	0 5		50.00
Full Name of Contributor	Ŭ	1		Registr	ation Num	ber, if PA	C	
Smith, Phillips & Assoc. Co. LPA / Jar	net Ph	illips		1				
Street Address			ation/Labor Organization*			-	Form (Cash, Che	ck, etc.)
6660 N. High Street, Suite 3F							Check	
City	S	state	Zip Code	M	D	Y	Amount	
Worthington	0	H	43085	0 3	1 3	0 5		100.00
Full Name of Contributor				Registr	ation Num	ber, if PA	С	
Scott Wilson Schiff								
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
503 S. Front Street							Check	
City		tate	Zip Code	M	D	Y	Amount	
Columbus	О	H	43215	0 3		0 5	l.,	350.00
equired for contributions from individuals over \$100 to statewide and general	al accomb	ly candida	tes If contributor is self-employ	red the occ	unation ar	d the nam	ne of the	

Page Total \$	1	,600.00

Page	2

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard				.		125		
Full Name of Contributor				Registra	tion Numb	er, if PA	е	
Shawn R. Dominy							<u> </u>	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
500 W. Wilson Bridge Rd-Ste 110							Check	
City		ate	Zip Code	М	D	Y	Amount	400.00
Worthington	0	Н	43085	0 3		0 5		100.00
Full Name of Contributor				Registra	tion Numb	per, if PA	С	
Mark C. Collins								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
73 Mohawk Street Suite 202				- I - 2 -			Check	
City	1 _	ate	Zip Code	M	D	Y	Amount	75.00
Columbus	10	Н	43206	0 4		0 5		75.00
Full Name of Contributor				Registra	tion Numb	oer, if PA	С	
Renny J. Tyson								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
1465 E. Broad Street							Check	
City	١ ۾	ate	Zip Code	M	D	Y	Amount	100.00
Columbus	10	H.	43205	0 4	0 9	0 5	<u> </u>	100.00
Full Name of Contributor				Registra	tion Numl	oer, if PA	С	
Allen J. Reis					_			
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
3250 Knoll Drive			I		T		Check	
City	I _	ate	Zip Code	M	D	Y	Amount	250.00
Gahanna	10	Н	43230	0 4	111	0 5		250.00
Full Name of Contributor				Registra	tion Numl	ber, if PA	C	
Joann A. Blum					-		I	
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
7233 Riverknolls Place			T=== .				Check	
City	_	ate	Zip Code	M	D	Y	Amount	150.00
Dublin	10	Н	43016	0 4		0 5		150.00
Full Name of Contributor				Registra	tion Numl	ber, if PA	C	
Celestine Maynard	<u> </u>	10					- (C 1 C	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
3901 Mayfield Road #101	84	-4-	Tg:- G-1.	1.77	1 D	Lv	Check	
Classaland		ate H	Zip Code	M	D	Y	Amount	300.00
Cleveland	0	11	44121		0 5	0 5	<u> </u>	300.00
Full Name of Contributor				Regisua	tion Numi	oci, ii FA	C	
Gerald T. Sunbury Street Address	Employe	-(Onorma	tion/Labor Organization*				Form (Cash, Che	ols ato
	Employe	ii/Occupa	kion/Labor Organizacion				, ,	ck, etc.)
495 S. High Street		ate	Zip Code	LM	D	Y	Check Amount	
Coloredo	1 _	ate H	1 -	M	I .			200.00
Columbus Full Name of Contributor	0	11	43215	0 6		0 5		200.00
				Registra	tion Numl	ber, ii PA	C	
David Michael Street Address	E1	/Oa	tion/Labor Organization*				Form (Cash, Che	ok ato
	Employe	a/Occupa	montration organization.					er, ew.j
6681 Markwood Street	04	ate	Zip Code	М	D	Y	Check Amount	
Worthington	0	ale H	43085		I .	1.		25.00
I WOLDINGTON	10	1 * * .	±3003	0 6	2 6	1012		20.00

Page Total \$	1,200.00

Page	3
1 agc	

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Committee To Elect Judge Maynard									
Full Name of Contributor					Registration Number, if PAC				
Meeks Shamansky Political Action Co	Meeks Shamansky Political Action Committee			#821					
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
511 S. High Street							Check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	Н	43215	0 7					
Full Name of Contributor				Registra	ition Nun	nber, if PA	С		
Lane, Alton & Horst									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
175 S. Third Street							Check		
City		ate	Zip Code	M	D _	Y	Amount		
Columbus	0	Н	43215-5100	0 8					
Full Name of Contributor				Registra	tion Nun	nber, if PA	С		
Bricker & Eckler LLP									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
100 S. Third Street							Check		
City	Sta	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43215	0 8					
Full Name of Contributor				Registra	tion Nun	nber, if PA	c		
Frederick D. Benton, Jr.									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
786 S. Front Street					,		Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43206-1907		2 3				
Full Name of Contributor				Registra	ation Nun	nber, if PA	C		
Darryl O. Parker									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
1178 Worthington Woods Blvd							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Worthington	0	Н	43085	0 8	2 3	0 5	150.0		
Full Name of Contributor				Registra	ation Nun	nber, if PA	.C		
Michael McCord									
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)		
811 Strawberry Hill Rd West							Check		
City		ate	Zip Code	M	D	Y	Amount		
Columbus		Н	43213	0 8	2 3	0 5	150.0		
Full Name of Contributor				Registra	ation Nun	nber, if PA	C		
Lewis R. Smoot, Sr.									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
3919 Sunbury Rd							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	О	Н	43219	0 8					
Full Name of Contributor				Registra	ation Nun	nber, if PA	C		
Otis J. Henderson									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
2359 Gardendale Drive							Check		
City	St	ate	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43219	0 8	12 5	0 5	100.0		

3,450.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Prescribed by Secretary of State 3/05

Name of Committee in Full	···			············		<u></u>		
Committee To Elect Judge Mayr	nard							
Full Name of Contributor	iaia			Registra	tion Numl	ber, if PAG	C	-
Cheryl J. Parker						• • •		
Street Address	Employer/C)ccuna	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
6233 Windbrook Drive	Zinpio) ein	р-					Check	
City	State		Zip Code	М	D	Y	Amount	
Blacklick	0	Н	43004	0 9	I .			50.00
Full Name of Contributor		-	10001		tion Numl		C	00.00
John J. McConnell, Jr.				ľ		•		
Street Address	Employer/0	Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
	2					•	Check	, ,
750 Elmgrove Avenue	State		Zip Code	М	D	Y	Amount	
•	R	1	02906	0 9	I .	0 5		500.00
Providence Full Name of Contributor			02900		tion Numl			500.00
Sara Shea McConnell				1				
Street Address	Employer/0	CCIIna	tion/Labor Organization*				Form (Cash, Che	ck_etc.)
		Jooupa					Check	,,
750 Elmgrove Avenue	State	·	Zip Code	Тм	D	Y	Amount	
Providence	R	1	02906		$ \tilde{0} _1$	0 5		500.00
Full Name of Contributor	IN		02700		tion Num		C	000.00
Mary J. McConnell						,		
Street Address	Employer/0	Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
166 Imperial Dr							Check	
City	State		Zip Code	М	D	Y	Amount	
Warwick	R	1	02886	. I .	0 1	0 5		500.00
Full Name of Contributor	IX	_	1 02000		tion Num		C	500.00
Myrth York						,		
Street Address	Employer/0	Occupa	tion/Labor Organization*				Form (Cash, Che	ck. etc.)
	Dimploy City	Jooupu	MOII EGOS OIGHILMION				Check	,
48 Lloyd Avenue	State		Zip Code	Тм	D	Y	Amount	···
Providence	R I	ĺ	02906		01	0 5		500.00
Full Name of Contributor	I IX		02900		tion Num		C	500.00
Robert J. McConnell				1108.041		,		
Street Address	Employer/0	Эссира	tion/Labor Organization*				Form (Cash, Che	ck. etc.)
25 Weymouth Street	2	₋					Check	,
City	State	:	Zip Code	Тм	T D	Y	Amount	·
Providence	R	1	02906		0 5			500.00
Full Name of Contributor	IX		02700		tion Num			500.00
Donna M. Benoit						,	-	
Street Address	Employer/9	Эссира	tion/Labor Organization*				Form (Cash, Che	ck. etc.)
25 Weymouth Street	Zimpioyei/	Jooupu	MODELLE OF STREET				Check	on, o.c.,
City	State	,	Zip Code	М	D	Y	Amount	
Providence	R	1	02906	0 9	1			500.00
Full Name of Contributor	I IX		02700		tion Num			000.00
Michael David Winston						,		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						ck_etc.)		
75 N. Ohio Avenue	Estibiology conditions of Santration.			Check				
City	State	•	Zip Code	М	D	Y	Amount	
1 -	O	H	43203		2 0	1	1	100.00
Columbus			13203	JUΙδ	14 0	1013	<u> 1</u>	100.00

Page Total \$	3,150.00

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Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee To Elect Judge Maynard							
Full Name of Contributor			Registra	tion Numl	oer, if PAG	C	
Michael A. Carter							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	k, etc.)
119 Center Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Wilmington	$D \mid E$	19810	0 9	0 5	0 5		100.00
Full Name of Contributor		27020		tion Numl		С	
Deborah Burstion-Donbraye							
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check	k. etc.)
						Check	, ,
19808 Longbrook Rd	State	Zip Code	М	D	Y	Amount	
City		1 -	1 .	1 .	1	Allount	25.00
Warrensville Heights	ОН	44128	09				25.00
Full Name of Contributor			Registra	tion Numl	ber, 11 PA	C	
Priscilla R. Tyson						E (G 1 G 1	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check	k, etc.)
268 S. Harding Rd						Check	
City	State	Zip Code	M	D	Y	Amount	= 0.00
Columbus	ОН	43209	0 9		-		50.00
Full Name of Contributor			Registra	tion Numl	ber, if PA	С	
Anisa D. Bell							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Checl	k, etc.)
1687 Gosport Place						Check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	$O \mid H$	43054	0 9	1 3	0 5		50.00
Full Name of Contributor	<u> </u>		Registra	tion Num		C	
Fred F. Wilkes							
Street Address	Employer/Occup	oation/Labor Organization*	_			Form (Cash, Check	k, etc.)
2448 Perdue Avenue						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43211-2126	nla	1 3	0 5		50.00
Full Name of Contributor	<u> </u>	10211 2120		tion Num			00.00
A. Robert Hutchins			ľ		,		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check	k etc.)
	Limpleyer	and the second s				Check	-,,
411 E. Town Street	State	Zip Code	М	D	Y	Amount	
1 *	O H	43215		2 2	1	•	200.00
Columbus	0 11	43213				~	200.00
Full Name of Contributor			Registra	ition Num	ber, ii PA	C	
Eric D. Carmichael		7.1 0 1 1 4				E (C 1 C 1	1
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Chec	K, etc.)
1299 Brookwood Place				T =	T	Check	
City	State	Zip Code	M	D	Y	Amount	200.00
Columbus	OH	43209	0 9				200.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
McCullough Williams							
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check	k, etc.)
6171 Lynanne Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43231	0 9	2 2	0 5		200.00

Page Total \$	875.00

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard				100	ai 37	L. CD		
Full Name of Contributor				Registra	tion Num	ber, ii PA	j	
Todd G. Wilson							T (Q. 1. Ql14-)	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
900 Fairway Blvd						,	Check	
City Whitehall	O	ate H	Zip Code 43213	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9$	$\begin{vmatrix} D \\ 2 \end{vmatrix} 2$	$\begin{vmatrix} \mathbf{y} \\ 0 \end{vmatrix} 5$	Amount 100.	00
Full Name of Contributor			10210		tion Num			
Fon R. Holloway						,		
Street Address	Employe	r/Occupa	tion/Labor Organization*		•		Form (Cash, Check, etc.)	
1087 Caroway Blvd							Check	
City	Si	ate	Zip Code	M	D	Y	Amount	-
Gahanna	0	H	43230-6215	0 9	24 3	0 5	50.	.00
Full Name of Contributor	<u> </u>			Registra	tion Num	ber, if PA	C	
Christopher L. Washington								
Street Address	Employe	т/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
7975 Windrift Place							Check	
City	S	ate	Zip Code	M	D	Y	Amount	
Reynoldsburg		H	43068	019	2 4	015	25.	.00
Full Name of Contributor					tion Num			
Anthony M. Roseboro				1				
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
1143 Summer Hill Circle	1	•	•				Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Gahanna		ΙH	43230	019	2 4	1015	25.	.00
Full Name of Contributor		<u> </u>	10200		tion Num			
Michael M. Johnson								
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
4027 Lyon Drive		-	· ·				Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43230	1110	0 6	0 5	250.	00
Full Name of Contributor			10200		tion Num			
Samuel A. Peppers, III						,		
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
3667 Pegg Avenue		•	Ü				Check	
City	S	tate	Zip Code	М	D	ΙΥ	Amount	
Columbus	0	H	43214	$ _{1 0}$	0 5	015	25.	.00
Full Name of Contributor		l	10211	Registra	ation Num	ber, if PA		
Nick Soulas								
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
3923 E. Broad Street		•	Ü				Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	l o ̃	H	43213	1 0		Ι.		00
Full Name of Contributor			IV m IV		ation Num			
M. H. Gertner						, * * *		
Street Address	Employ	er/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)	
	Zampioy.	Zampary an Occupation David Organization				Check		
175 S. Third Street #555		tate	Zip Code	M	D	Y	Amount	
Columbus		H	43215	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	1	0 5	150.	Ω
Columbus								.00

Page Total \$	725.00

Page <u>7</u>

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee To Elect Judge Maynard							
Full Name of Contributor					ation Num		
Central Ohio Republican Club				#()H 11-	73	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
2706 Dayton Avenue	Ì						Check
City	Sta	ate	Zip Code	M	D	Y	Amount
Columbus	0	Н	43202	110	0 6	0 5	250.00
Full Name of Contributor			•		ation Num		C
Dwayne B. Zimmerman							
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
1069 E. 25th Avenue		-					Check
City	St	ate	Zip Code	M	D	Y	Amount
Columbus	\perp_{0}	Н	43211	019		0 5	27.00
Full Name of Contributor			10211		ation Num		
				region	4101111411	001, 11 1 1 1	~
Yvette McGee Brown	Employe	-/Oaaraa	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employe	i/Occupa	mon/Lacor Organization				,
643 Crossing Creek S.			Tai a i		1 5	1 17	Check
City		ate	Zip Code	M	D	Y	Amount
Gahanna		Н	43230	1 (50.00
Full Name of Contributor				Registr	ation Num	ber, if PA	C
Audrey K. Redmon							
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
4987 Sharon Hill Drive							Check
City	St	ate	Zip Code	M	D	Y	Amount
Columbus	0	H	43235	110	0 0 3	0 5	100.00
Full Name of Contributor				Registr	ation Num	ber, if PAG	2
Vorys Sater Seymour and Pease LLP				#0	DH 108	3	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
52 E. Gay Street - PO Box 1008	İ						Check
City	St	ate	Zip Code	М	D	Y	Amount
Columbus	\perp_{0}	Н	43215-1008	$1 \mid 0$	1 4	0 5	1,200.00
Full Name of Contributor	1 9		10210 1000		ation Num		
Michael P. Mahoney						,	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
10 W. Broad Street Ste 2100	Limpioye	ar o oo ap	mon Ducor Organization				Check
City	St	ate	Zip Code	М	D	Y	Amount
•		H	43215-3422	1 (1 .		300.00
Columbus	10		43213-3422) 1 5 ration Num		
Full Name of Contributor				Regisu	ation Num	oei, ii i A	O
John E. Green	To 1	/0					Form (Cash, Check, etc.)
Street Address	Employe	r/Occupa	ation/Labor Organization*				, ,
375 S. High Street							Check
City	I _	ate	Zip Code	M	D	Y	Amount
Columbus	0	H	43213	1 (300.00
Full Name of Contributor				Registr	ration Num	ber, if PA	C
Joseph T. Ayers							
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
9094 Firstgate Drive							Check
City	St	ate	Zip Code	М	D	Y	Amount
Reynoldsburg	0	H	43068	110	1 5	0 5	200.00
	_						

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,427.00

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Prescribed by Secretary of State 3/05

Name of Committee in Full								··-
Committee To Elect Judge Maynard				Decistrat	ion Numl	ber, if PAG		
Full Name of Contributor				registrat	ion rum	oci, ii i A	9	
Vicki H. Potts	Tr. 1(<u> </u>	·	<u> </u>			Form (Cash, Che	ode oto)
Street Address	Employer/	Occupa	tion/Labor Organization*					ck, etc.)
5770 Middleby Drive			Tail A. I		T 5	1 17	Check	
City	Stat		Zip Code	M	D	Y	Amount	150.00
Hilliard	0	H	43026	1 0	1 3	0 5		150.00
Full Name of Contributor				Registrat	ion Numl	ber, if PA	C	
Carrie E. Glaeden								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)
5162 Highland Meadows Drive							Check	
City	Stat	e	Zip Code	М	D	Y	Amount	
Hilliard	$\mid \circ \mid$	Η	43226	110	1 6	0 5		100.00
Full Name of Contributor	<u> </u>		•	Registrat	tion Num	ber, if PA	C	
Total Contribution at Social/Fundraisi	ng Eve	nt						
Street Address			tion/Labor Organization*	-			Form (Cash, Che	eck, etc.)
outer reaction	' '	•	Ü					
City	Stat	e	Zip Code	M	D	Y	Amount	
City	1	_		0 3	2 4	0 5	B	4,050.00
Full Name of Contributor						ber, if PA		1,000.00
	na Erra	m t		registra	HOII 1 TON	,		
Total Contribution at Social/Fundraisi			tion/Labor Organization*				Form (Cash, Che	eck etc.)
Street Address	Employer	Occupa	nion/Labor Organization*				romi (cash, che	ck, cic.)
			In: a .	1	-	1 37	A	
City	Stat	te	Zip Code	M	D	Y	Amount	0.405.00
				0 3	2 9			2,425.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С	
Total Contribution at Social/Fundraisi	ng Eve	ent						
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)
City	Stat	te	Zip Code	M	D	Y	Amount	
	1 1			0 8	0 9	0 5		355.00
Full Name of Contributor	<u> </u>		<u> </u>			ber, if PA	С	
Total Contribution at Social/Fundraisi	ng Eve	nt						
Street Address			ation/Labor Organization*	-			Form (Cash, Che	eck, etc.)
		•	•				1	
City	Star	te	Zip Code	М	D	Y	Amount	
CRY	1			0 8	1 2	0 5		1,085.00
E.U.N	J					ber, if PA		1,000.00
Full Name of Contributor	na Erra			registra			.0	
Total Contribution at Social/Fundraisi			ti// shan Ozzanization#				Form (Cash, Ch	ack etc.)
Street Address	Employer	/Occupa	ation/Labor Organization*				Politi (Casii, Cii	car, ca.)
	ļ		T=: 2 2	1 5.6		1 37	ļ	
City	Sta	te	Zip Code	M	D	Y	Amount	2 000 00
				0 8				2,800.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
Total Contribution at Social/Fundraisi	ng Eve	ent						
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount	
				018	2 7	0 5	1	450.00
			.*					

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 11,415.00

31-	·A
R.C.	3517.10

Prescribed by Secretary of State 3/05

Committee To Elect Judge Maynard Paul Name of Contribution at Social / Fundraising Event Street Address Employer-Occupation Labor Organization* Superior Contribution at Social / Fundraising Event Street Address Employer-Occupation Labor Organization* Superior Contribution at Social / Fundraising Event Superior Contribution at Social / Fundraising Event Superior Computed Labor Organization* Superior Contribution at Social / Fundraising Event Superior Computed Labor Organization* Superior Contribution Number, if PAC Superior Contribution at Social / Fundraising Event Superior Contribution Superior C								
Total Contribution at Social/Fundraising Event Steed Address State Zip Code M D V Amount City State	Name of Committee in Full							
Total Contribution at Social/Fundraising Event Street Address	Committee To Elect Judge Maynard			Panistrat	ion Mumb	ner if DA	<u> </u>	
Street Address Employer/Occupation I abor Organization*		m m Trromb		Kegistiat	1011 1104111	JCI, II FA	Ç	
State		ng Event	- 4: Л -1 Оi4:#				Form (Cash Chack etc.)	
	Street Address	Employer/Occu	pation/Labor Organization*				Politi (Casii, Check, Cic.)	
		State	7 in Code	ΙM	D	Γv	Amount	
Full Name of Contributor Total Contribution at Social/Fundraising Event Street Address Employer/Coorgation/Labor Organization* State Zip Code	City	State	Zip Code			1 .		
Total Contribution at Social/Fundraising Event Employer/Coopation/Labor Organization* Form (Cash, Check, etc.)		<u> </u>						
State Zip Code M		E		Regisua	JOH NUMB	oci, ii i A		
State Zip Code M D Y Amount		ng Event					Farm (Cook Chook ata)	
	Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
0 9 0 9 0 5 1,160.00								
Full Name of Contributor Total Contribution at Social / Fundraising Event Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer(Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 Full Name of Contributor Form (Cash, Check, etc.) Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 Form (Cash, Check, etc.) Form (Cash, Check, etc.) O.00 Full Name of Contributor Form (Cash, Check, etc.) O.00 Full Name of Contributor Form (Cash, Check, etc.) Form (Cash, Check, etc.)	City	State	Zip Code		I .	l .		
Total Contribution at Social/Fundraising Event Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code My D D Y Amount Gash. Check, etc.) Form (Cash, Check, etc.)		1						
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State	Total Contribution at Social/Fundraisi	ng Event						
	Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City	State	Zip Code		I .	I .		
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Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City	State	Zip Code	М	D	Y	Amount	
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City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		1					0.00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00	Full Name of Contributor			Registra	tion Num	ber, if PA		
City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount O.00 City Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	an rune of constant							
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* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,180.00